

2604

Write in ink, with Unfading Ink. This is a Permanent Record.

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS.				CERTIFICATE OF BIRTH.			
County of	District of			Register No. <u>64</u>		Ter. Index No. <u>28</u>	
Town of	City of			St.;		Ward)	
FULL NAME OF CHILD				Born		Yes	
If child is not named, make Supplemental report on blank obtainable from local registrar.				Alive			
Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth	19	
Boy	X		X		(Month) (Day) (Year)		
FATHER				MOTHER			
Full Name				Full Maiden Name			
Residence				Residence			
Color or Race				Color or Race			
Age at last Birthday (Years)				Age at last Birthday (Years)			
Birthplace				Birthplace			
Occupation				Occupation			
Number of child of this mother				Number of children, of this mother, now living			
3				2			
Were precautions taken against Ophthalmia neonatorum?							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 9, 1910, at Phoenix

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) [Signature] (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed Sub 2 1910 Address B. G. Fox W. D.

743-008-298 Filed Mar 1 1910 B. G. Fox W. D.

COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.